

Gordon (S. C.)

PRESIDENT'S ADDRESS

TO THE

Maine Medical Association,

JUNE 15,



BY

Compliments of
SETH C. GORDON, M. D.,
OF PORTLAND.

PORTLAND, ME.
STEPHEN BERRY, PRINTER.

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ADDRESS.

MEMBERS OF THE MAINE MEDICAL ASSOCIATION:

For the honor conferred upon me at the last session of this body, permit me at this time to tender you individually my most grateful acknowledgments. It is an honor to which any true worker in the profession may have a laudable aspiration, and, in assuming it, I trust I am fully aware of the obligation it imposes upon me, not only at the present time but during all my future career in the profession. I owe it not only to myself, but to every one composing this body, to so deport myself as not to reflect any discredit upon the Association of which we are justly proud. The more important the position in life we fill, the more strongly the obligation rests upon us to see that no one suffers through our fault. This becomes much more obligatory in an Association like ours, where the entire profession is involved.

Success or failure in all organizations depends entirely upon individual effort. Each man, feeling his own responsibility and discharging his whole duty in the promptest, best manner, *must* give success. No one has a right to shirk what is plainly his share in a combined enterprise. "What is everybody's business is nobody's" is a trite and homely adage, but a true one. There is always something for every one to do in all such organizations as ours, and the smallest work, if well done, deserves and usually receives its proper reward. It is a great mistake for anyone, however young or inexperienced, to suppose that, because he can not accomplish all that age and ripe experience can, he has no place.

Let him contribute his mite, and be prepared to do whatsoever he may find himself fitted for in the best manner he can.

In a profession like ours, one rises to eminence only by slow and laborious efforts—there is rarely a royal road to fame or fortune. The best advice I could give any young man to-day would be, to allow no opportunity to escape to enlarge his experience. The medical student of any one of the London Schools and Hospitals thinks himself only too fortunate to obtain even the position of dresser in the wards of those large hospitals, while the position of house surgeon is a rare one, and procured only by the closest attention to duty and the sharpest competition. Many of the well known men of England are to-day serving as assistant physicians and surgeons, waiting for years for the promotion to the first place. I am sorry to say that for the past two years there have been but two applicants for the two positions of medical and surgical pupil at the Maine General Hospital. To be sure, the advantages may seem small compared with these hospitals named, but I am certain that the year spent there is worth any five years of private practice that the young man will have in after life—certainly his first five.

The failure of many young professional men, in my opinion, is that, like many sons of successful business men, they want to begin where their fathers leave off. “Do not despise the day of small things” applies to medicine as to many other things. One of the most successful of New York’s practitioners told me that his first years there were spent in doing an immense amount of work, for which he realized no money at all. He was always ready to do what many of his contemporaries scorned to do. It gave him an experience which made him what he now is, and at the same time gave him the favorable opinion of his older brethren in the profession, who found him always ready to perform any duty to which they called him. Little by little he grew in their estimation, until to-day he stands the peer of the wisest.

If I were obliged to point out a single individual thing that I consider as most essential to success in our profession (I mean to a young man), I should say, *obtain the confidence of your elders and brethren, generally, in the profession.* Nothing but faithful

devotion to work, for *work's sake*, can command this. The older members are always willing and anxious to aid such men. It is a mistake to suppose anything else. It is only to the assuming, pretentious young man that the cold shoulder is turned, as a rule. To be sure there are exceptions. Now and then we find the man of age and experience who looks upon the younger members as intruders, and, like the Pine Ridge practitioner, treats them strictly according to the "Code."

For such men are "Codes" made, and, so long as the profession contains many of them, I suppose we must have our written law. I shall hope to see the day when much of the present "Code of Ethics" adopted by the American Medical Association may be expunged, and each man become a law unto himself. The military profession has comparatively few written statutory laws defining and punishing offenses. There is a certain *esprit de corps*, which puts every man upon his personal honor in all his relations with his brother officers and the world about him. The general charge of "Conduct unbecoming an officer and a gentleman" covers a very large majority of all misdemeanors.

The golden rule, of doing unto others as you would that they should do unto you, is the foundation of the best Code of Ethics that any body of men could adopt. Will the time ever come when "Conduct unbecoming a physician and a gentleman" will have as much meaning and as much force in our profession as the former has with our "brethren in arms?"

Our sister State (or, more properly, our venerable mother), Massachusetts, has taken a step in the right direction on this matter of "Code"—very much simplifying and abbreviating the old law. May we not do something in the same way to our advantage? There are certainly some things we should all agree upon. I would suggest that a written law often gives a dishonorable man an opportunity to try its full strength, and, without actually breaking it, he violates the spirit, leaving the "letter which killeth."

When we meet in annual conclave, throwing aside the every day work, no body of men *play* better than doctors. No more social enjoyment is experienced, no more courtesy is displayed, no more harmony preserved, even among our ministerial brethren. Can we

not work together as well? Need there be any or as much of the jealousies as are found even among us now? Fortunately, I believe less than formerly.

I believe the Maine Medical Association has done much to cultivate this spirit of good feeling, and I look upon the advancement made in the social aspect of our meeting this year as conducive to hastening that era we all so much desire. I trust we shall take measures at this session to place this matter of an annual dinner upon a permanent basis. To the end that we may make it of more general interest, I hope to see a few laymen invited to join us in these festivities.

The medical profession has become a power in the legislation of the country. The great questions of State medicine are continually calling into the councils of the nation the science and skill of the ablest men among us; and, the more freely and closely we are identified with the other professions and vocations of life, the more will our power be felt. In the British Parliament we find several of the distinguished medical men of England. They have accomplished much in the way of sanitary reform, and are still laboring for those hygienic measures which promise so much to the wretched classes of that powerful nation. We are not in any way behind them in these matters, as every year shows, both in our State and national legislative bodies.

In our own State we have much to do, and it becomes the duty of each one of us to use his entire influence towards accomplishing the end. First, we need most of all the Anatomical Bill. We have had two very severe struggles to secure something of this kind. Once in 1854-'55, I believe, and again in 1868-'69. The last trial secured the passage, in both branches, of a bill which gave us substantially all we asked, but, through some little informality or amendment in the House, it was sent back to the Senate and there killed, through some over-timid politicians. We have now come to a point where it is almost impossible to secure material for dissection for the Medical School at Bowdoin, to say nothing of the Portland School for Medical Instruction. Every legislator will acknowledge the necessity for this, and it only needs a proper presentation of our case and I feel sure we shall be successful.

Having served on this committee with Dr. TEWKSBURY and others for several years, I think I speak from what I know, that the time has come for united action on the part of this Association with a committee from each of the schools named. All we ask is, that only the bodies of those who, having no friends to care for them while living, are left to the tender mercies of corporations to see that they are buried in the Potter's field after death, may be delivered to the properly authorized persons connected with either of the schools. Even *any person*, relative or otherwise, asking to have them buried, can have such wish complied with. With such restrictions, such a law can do no injury to the living or become a desecration to the dead. I trust a committee will be raised for this important matter.

Following and closely connected with this matter of dissection, comes the legislation relative to suits for malpractice. I am sure that sooner or later this must come, and the only question is whether we had better attempt too much at once. I am inclined to believe that we can accomplish more by presenting one thing at a time. We have had this and the subject of a State Board of Health before the Legislature for several years past, without much success. The Anatomical Bill will be new to the present members. I suggest that, if the full force of the profession be brought to bear upon that alone, it will secure its passage.

In reference to the State Board of Health I wish to say a word or two. I believe in its necessity. I think they are doing good work in States where they already exist, and there is much to be done in our own State. At the same time, I am inclined to think that in making our appeal heretofore we have rather overdone the matter. We have claimed too much, in my opinion, in certain directions. Unless we can substantiate our claims before the public, by facts which appeal to the common sense and ordinary experience of the people, we shall fail to convince them of the value of any one argument we may present. I believe we have claimed too much in way of preventing disease. While our school houses and public buildings generally are to a great extent the sources of many diseases, from overcrowding and deficient ventilation, and while much needs to be done in correcting the evils incident to

these and many other things, I am constrained to believe that it has become the fashion to attribute too many things to the subtle poison we call malaria. Foul sewers, defective drainage and cess-pools are certainly bad enough and are deadly in their influence, but when we find typhoid fever, diphtheria, scarlet fever, &c., &c., devastating entire school districts in the healthiest portions of our State, where the closest scrutiny fails to show any of these sources of infection, I am free to confess it staggers my former notions upon this question of preventable diseases; and when I am met by such an argument as can be brought by many a man from the interior towns, I am slow to say he is wrong, and the theory that these diseases always come from local causes is right.

I am aware that I am taking the extremes in way of contrast, but this is the way we are obliged to meet it with the average legislator; and I am not fully prepared to say that we know so much more about this question of "blood poison," "bacteria," "disease germ," &c., &c., than the careful observer in other directions, as to be able to convince him, beyond all doubt, that what we ask in way of legislation is, after all, so very desirable. During the past winter, we have had a very severe form of scarlatina prevailing in Portland and vicinity. It is a little curious that in what are known as the filthiest portions of the city—that is, in those streets where there is the most overcrowding in dwellings, and where the least attention is paid to cleanliness—the disease has been comparatively unknown; its worst ravages have been in parts of the town and in families where everything has been done to improve the condition of dwellings, streets and surroundings.

I only allude to these things to show that we do not yet know all about this matter, and when we claim that by an efficient Board of Health we can prevent a large part of these diseases, I think we claim altogether too much, and, in so doing, damage our cause before the body that we present our claim to. There are certain things we can all agree upon that are obvious, and that appeal to the intelligence of the people; these are sufficient reasons for asking for a Board of Health. In our zeal, we should not allow our minds to become too much imbued with theories that are untenable, lest we lose all. In New York and many other large cities to-day, the

profession are "malarial mad." It seems that everything that cannot be explained at once, so far as regards the etiology of disease, is attributed to "malaria." I know several families, living in some of the healthiest portions of New York City, who have absolutely lived in constant fear of some dreadful attack, simply because they have been told by their physician that it was a "malarial" neighborhood. It is certainly the *fashionable* cause of all our woes. Now, while we are to be vigilant and alive to all causes of this kind, we are bound to show the evidence before convicting any house or neighborhood of harboring such an enemy to our lives.

We should be true to ourselves in this matter, and, so far as possible, honest with our patients. We should seek to become beacon lights to the public, warning them of danger where we know it exists. Let us be careful that we do not become an *ignis fatuus*, misleading them by false lights. Honesty in all these matters is undoubtedly the best policy.

Dr. CARLETON, President of the Connecticut State Medical Society last year, made this subject of "Honesty in the profession" the theme of his address. I commend it to the careful attention of each one of you. I would carry it still farther than he did. I believe the profession are to a great degree responsible for the spread of many of the delusions that have become so popular throughout the world. As a rule, we are too much afraid to say "we do not know." Let us be frank enough to admit our ignorance of many of these things of which we are *entirely* ignorant, and then our positive assertions will be worth something. There has been too much of the wise, mysterious manner about the profession —it has often been but the cloak to cover what we did not understand. I believe we should carry this honesty into our daily work, and prescribe remedies only when we are satisfied they are absolutely required.

This being our rule of practice, sensible people soon learn what nature does in disease and what medicine does, and from that learn of how much value is the assumption of quacks and charlatans that they cure all cases that get well or improve under their hands. I am sure that the success of homœopathy depends largely upon

the course pursued by our own profession, in not daring to follow their own convictions in regard to administering or withholding remedies. We have encouraged the idea too much that *we* cure, when nature cures in spite of us.

Within the past week, I saw an editorial in the New York Post which so nearly expresses my own views that I trust I may be pardoned for copying a portion. The meeting of the American Association led the editor to say, among other things:

"There used to be a belief, which was shared largely by physicians themselves, that it was the business of doctors to cure disease. All educated physicians know better now. After more than two thousand years of recorded practice, the doctors know now that it is unsafe to speak of 'curing' anything except aneurisms and the itch. For the one, they have an operation which pretty certainly cures the lesion; for the other, they have a specific remedy. Beyond this doubt intervenes, and the greatest lesson that physicians have learned is, that their province is not to cure disease, but rather to understand pathology, and to take such measures as will place the patient in the most favorable condition for recovery by natural processes. * * * In older times, when doctors were expected to cure disease by efforts of their own, and when patients demanded this at their hands, the whole work of the physician was surrounded by an atmosphere of pretence and mystery which savored strongly of quackery, and, in abandoning the pretence and teaching the people the real nature of the physician's functions, the profession has made a great advance, and has prepared the way for a still greater one. Honesty and frankness in the admission of ignorance are of the essence of investigation, and scientific investigation is the business of all physicians. Old ideas die hard, and quacks prosper to-day merely because the old notion, that it is the business of doctors to cure disease, survives. The faith in specifics is still great, and the quack plays upon that faith."

This is a strong statement of the case, but it certainly is on the whole a very sound one, especially from a layman's standpoint. Let us see to it that we do our part, as members of the Maine Medical Association, to teach the people sound doctrines, and we shall then take our proper place in the community as guardians of the public health, and shall be consulted and our advice followed on all matters connected therewith.

This Association has now existed for a period of twenty-seven years, and has been prominently identified with all the leading medical questions of the day. I think its meetings have done

much for the advancement of the profession in the State. We have yet much to do, and it is only by a united effort that we can succeed. The younger men must come forward and fill the places so rapidly becoming vacant. Since my first connection with this body (now twenty-two years), I am shocked when I look upon the stars that mark the names of those who have "ceased from their labors." Among our honorary members, we find MUSSEY and PEASLEE—both most highly honored with us and throughout the world. The active list is too long to even mention, but, among the men who were the founders, we can not forbear mentioning the names of McRUER, RICH, WESTON, MONROE, the LINCOLNS, ELLIS, BRIGGS, DAVEIS, THOMAS, ROBINSON, CARR, CARY, HARRIS, KILBOURNE, WIGGIN, NOURSE, STOCKBRIDGE, PUTNAM, BUXTON and McKEEN, and, indeed, I might fill an entire page with the names, who were all prominent in the early history of the Association, many of whom we were accustomed to meet year after year. They have gone to their rest and "their works do follow them." Many of them were honored names among us—honored in every way the society could bestow honor. We cherish their memory, and are reminded that soon we too must follow.

Since the meeting of last year, some complaints have come to me in regard to the action of the Board of Censors in a case where two members of the Society recommended an applicant for membership and the application was rejected. On inquiry of the Censors, by one of the sponsors, on what grounds the application was rejected, he was told that the Censors voted not to make known the reasons. It seems to me that is not quite just to the member. While the Board have an undoubted right to withhold reasons from the applicant (he not being yet a member), I can see no good reason for withholding any evidence, tending to impeach his character, from the men who in good faith recommended him. If there be good grounds for keeping him out of the Association, certainly the men recommending him should know it, otherwise they may continue to treat him as a physician in good standing, as they believed him to be when they proposed him for membership. Again, any member of the Maine Medical Association has an undoubted right to call for any and all evidence brought before any

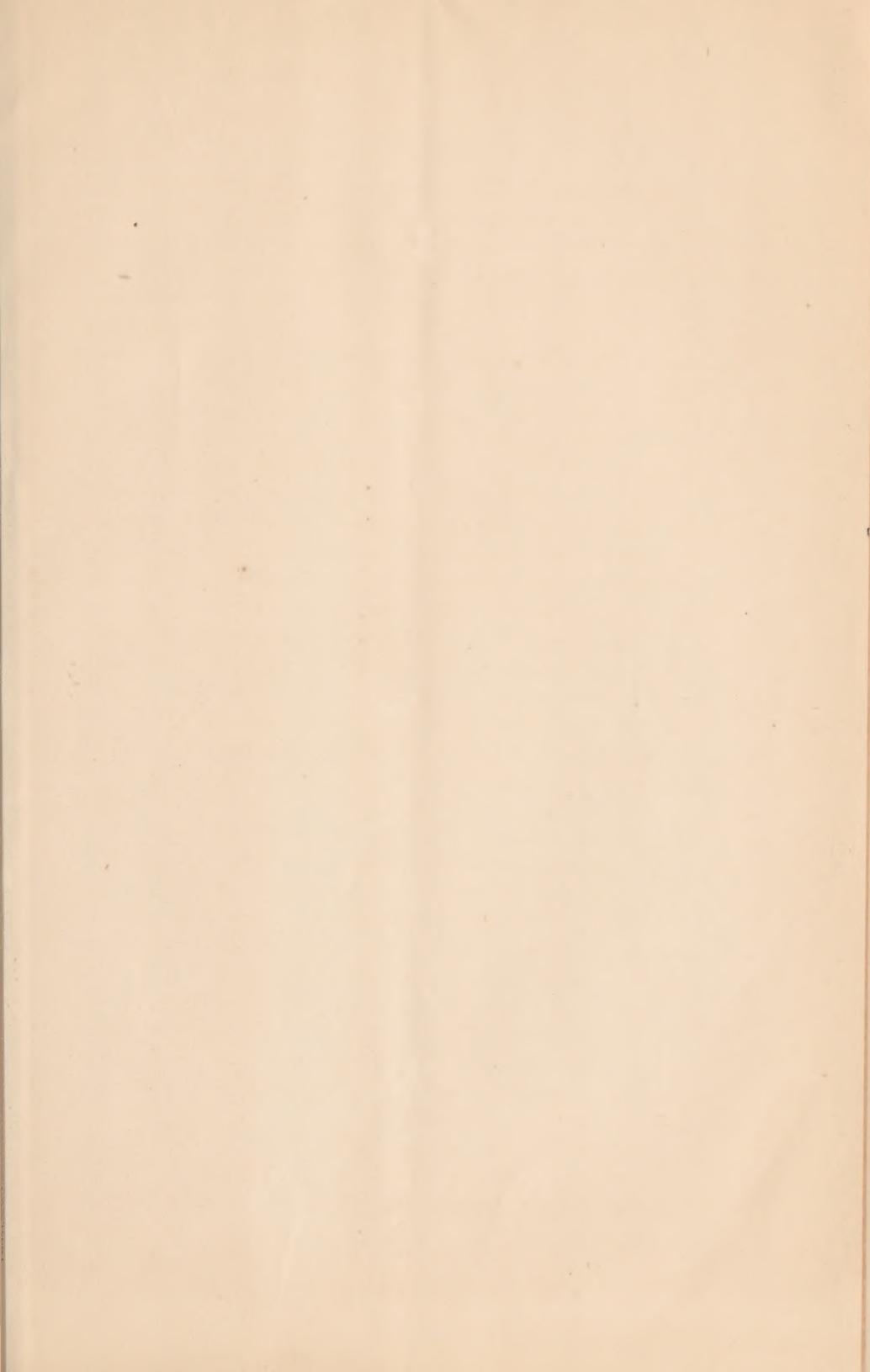
committee chosen by the Society. Certainly, the Association can demand a full report from all its committees, otherwise the body created would be greater than the body creating it. And, if the Association can do this, any member should have the same right in a case where his own personal reputation may be involved. A Board of Censors certainly cannot vote to maintain secrecy, only so far as authority to do so may be delegated by the Association. This action of the Board caused a good deal of feeling on the part of the member aggrieved, and I therefore feel it my duty to lay the matter before the Association and ask that there be some expression in regard to it. While we have delegated nearly full power to the Board of Censors, so far as matters of discipline are concerned, we should see to it that the rights of the Association are most carefully guarded and maintained, and that no one individual suffer through any assumption of power not delegated. *The stream cannot rise above its source.*

By a wise provision, I think, of our Association, the reading of papers is limited to twenty minutes. Any paper requiring more time must be presented by abstract. I see that the Business Committee have called attention to this rule. They have arranged the business so that it must be observed, in order to do justice to all parties. No man has a right to infringe upon the rule and thus deprive the next man of his time. In my opinion, by far the greatest interest of our meetings lies in the sharp, short and decisive discussion of papers presented. Unless we have this, the session becomes "flat, stale and unprofitable." The last meeting of the American Medical Association had the same rule, but, from disregarding it, I am sure the section meetings, especially in surgery and gynecology, were to a great degree devoid of interest. To be sure, the papers were of high character, but these could be read if worth publishing. What the majority desired was to hear from the leading men in the different departments. I hope the members of the Maine Medical Association will heed the suggestion of their Business Committee.

In conclusion, I commend to your careful consideration the various reports that will be presented by the several committees appointed and continued at the last session. I am happy to say

to you that the Maine General Hospital will be able to present you a most cheering report. The wisdom of this Association in originating it, and the indefatigable zeal and noble generosity displayed by the men to whom the trust of directing it was committed, are now apparent, notwithstanding the trials through which it has passed.

In the reports from the Medical School of Maine, you will find, I trust, evidences of a renewed interest in the subject of a higher standard of education, now so much required and so generally adopted throughout the country. Maine will not be found far behind any State of equal resources and advantages. The great demand of the day is not for more doctors, but for better ones. To the teachers of the many schools scattered all over the land, we look for correction of many of the evils now existing. Upon them rests the responsibility of improving the character of the profession. Upon us, as an Association, rests the responsibility of sustaining them in all attempts to accomplish this.



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